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Examination

Examination of the patient demonstrated multiple nodular swellings in her labial area. On palpation, she presented with firm longitudinal swellings measuring 3 cm \times 2 cm along the lines of filler implantation in each patient (Fig 1-4). The nodules were prominent anteriorly and projected from inside the oral cavity.

Treatment

She was willing to accept surgical correction and histopathological evaluation of their and erlying problem. Surgical excisions were carried out by direct use of a size 11 and pel blade, usually without the use of local anaesthesia, by allowing the nodules to point under digital manipulation.

The wound was the aughly cleaned, and the vermillion tissues were approximated in some cases with 5-0 Vicryl Rapide sutures (Ethicon, Inc) to achieve haemostasis (Fig 5-2). The operation sites healed well, and most had healed within a few days. The met excision biopsies showed no evidence of foreign body giant cells or irregulary expstalline structures and were considered not appropriate for the other patients.



1. Surgical extraction of the Bio in Blue

Bio-Alcamid (Polymekon, Italy) was an injectable soft tissue endoprosthesis that was recommended for correcting soft tissue defects and contour deformities. It consisted of 96% water and 4% synthetic polymeric polyalkylimide and once injected became enclosed within a thin collagen capsule. Injectable fillers have become an important component of minimally invasive facial rejuvenation modalities. Their ease of use, effectiveness, low morbidity, and fast results with minimal down-time are factors that have made them popular among patients (1).

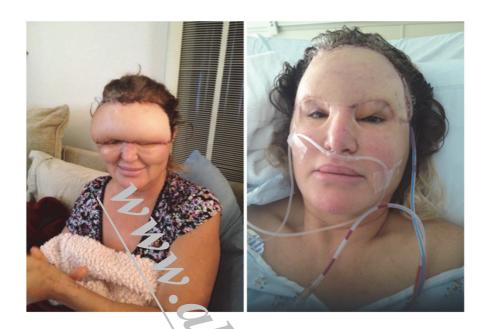
The search for the ideal filling material has been ongoing for centuries. Various materials, including collagens, autologous fat, hyaluronic acids, poly-L-lactic acid, poly-Acrylamide, liquid injectable silicone, and calcium hydroxylapatite, are among the products currently used for this indication (2). Synthetic biodegradate invaluronic acid fillers are widely used as relatively safe injectable methods of lip at generation, but their duration was limited at the time this patient presented to only three or four months. Because of this, many physicians use alternative non-biodegradable materials like polyacrylamide gels and polyvinyl acid, to create a longer lasting 'semi-permanent' product.

However, these fillers, once r ore widely use, have an increased risk of product migration, granuloma formation and long-term adverse events. Treatment options include for these Tres of problems intralesional steroids, 5-fluorouracil (5-FU), anti-inflammatory and immunomodulatory drugs like minocycline, rifampicin or surgical correction. This report documents surgical correction of nine cases of problems related to the semi-permanent fillers, Bio in Blue® and Bio-Alcamid® (both manufactured by Polymekon, Brindisi, Italy) over a three-year period.

Bio in Blue (Polymekon, Brindisi, Ital,)

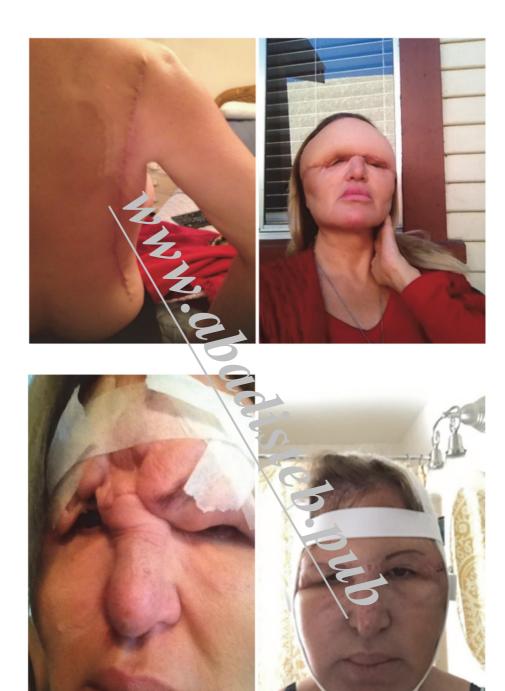
Bio in Blue (Polymekon, Brindisi, Italy) is high parity polyvinyl alcohol (8%) and water (92%). Polyvinyl alcohol is a non-oxic substance used in medicine as a drug-carrier and a substitute for human plasma expander. Bio in Blue is a biodegradable substance with an immediate cosmetic effect can be maintained by treatment repeated at longer intervals than those necessary for other fillers.

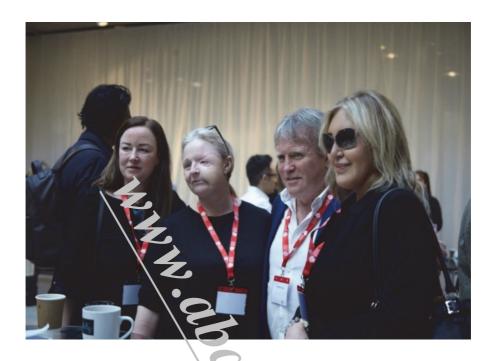
Bio-Alcamid (Polymekon, Brindisi, Italy) is considered novel in the field of aesthetic and reconstructive surgery, because of its chemical and physical characteristics. It is considered intermediate between injectable filler and a common prosthesis and often referred to as an injectable endoprosthesis (3). Bio-



Images of the patient during recovery of her forehead procedure.

Case studies in the scientific Lerature range from seeing patients with complications within hours of an injectical up to 24 years later (8). However, there is no food and drug administration (DA)-approved product available for soft tissue augmentation. The major indication for FDA-approved products is retinal detachment with the removal of the material after re-attachment. In soft tissue augmentation, the removal of silicone is impossible without surgery. The use of liquid silicon is off label (9). Severe adverse effects have also been noted after the use for facial tissue augmentation (10).





Nurse Lindsey McEnroe, Donna Corgen UK (autologous semi-face transplant), Dr Patrick Treacy (Chairman RSM Commi^{**}, and Carol Bryan, USA (autologous semi-face transplant), at the Ro, a Society of Medicine, 2019

The Royal Society of Medicine hosted the 11th annual RSM Aesthetics conference in 2019 with lectures from twelve of the world's top aesthetic experts, with the plenary lecture given by an Ig Nobel Prize winner and with the opening by Dr Patrick Treacy, the Chairman of the RSM Caganising committee. The conference focussed on complications in aesthetic medicine and humanitarianism. Carol Bryan attended, giving patient perspective in autologous partial face transplant. Also present were Long a Corden and nurse Lindsey McEnroe.

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Treatment

The patient was injected bilaterally into the buccal, malar, and temporal areas of his face with 23cc of the polyalkylimide gel (Bio-Alcamid®, Polymekon, Italy) in an attempt to replace subcutaneous fat that had atrophied as a result of severe facial lipodystrophy. Regional injected anaesthesia was used in conjunction with topical anaesthesia. The treated area was sculptured to obtain the best aesthetic appearance. At the end of the treatment, the patient was put on prophylactic Augmentin and Klacid for three days to prevent infection.

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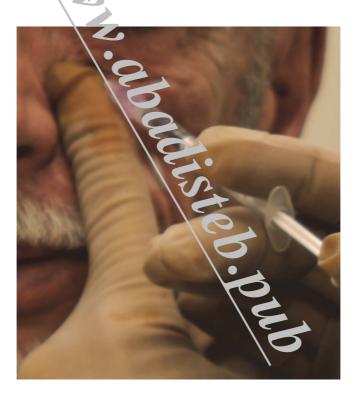
Introduction

The human immunodeficiency virus (HIV)-lipodystrophy syndrome (HLS) was a major problem for many HIV pricints undergoing long-term use of highly active antiretroviral therapy (HAART). The psychological effects of the condition (both abnormal fat loss and abnormal accumulation) can be quite distressing, as it created low self-esteem an impourages social stigma. Patients presenting with facial lipodystrophy are twice markely to feel recognisable as HIV-positive by their physical appearance. (1). HLS was characterised by hypertriglyceridemia, decreased high-demity lipoprotein-cholesterol, lipoatrophy, and central adiposity (2).

Facial lipoatrophy was the most obvious and stignatising manifestation of HIV-related lipoatrophy (3). The aetiology of the condition is not yet fully understood. While some researchers focus on a multifactorial phenomenon, (4), (5) others consider either primary HIV infection (CD4 cell counts, viral load) or the use and duration of HAART as the most likely causes of the pathology. At first, protease inhibitors were implicated, but many researchers, including the author believed that HLS was caused by nucleoside analogues, particularly d4T and to a lesser extent AZT.

There was no available pharmacological therapy to manage this complex condition and medications such as rosiglitazone, pioglitazone, metformin, and growth hormone have proved to produce no significant benefit. Most currently used strategies of the period tended to compensate for facial fat loss. These included a range of dermal fillers including bovine collagen; but the effects declined after 3 months (6). More recently, poly-L-lactic acid (PLA) has found favour in HIV lipodystrophic patients as it has advantages over other more permanent dermal fillers in respect to its safety record and efficacy (7).

However, PLA was limited in that it was difficult to inject, it usually takes many months to see the eventual effect, it requires up to five sessions to administer and the resultant contouring effect lasts only last two years. In addition, PLA do not actually restore lost fat mass where it is injected, but rather it expands the thickness of the dermis by neocollagenesis through fibroblast stimulation (*).



1. Regional injected anaesthesia was used in conjunction with topical anaesthesia